



Tournament Entry Form

Circle One: Senior Championship Senior Flights

Name: _____

Phone #: _____ Resident ID # _____

Address: _____

City: _____ State _____ Zip _____

Home Course: _____

Low Index: _____ SCGA #: _____

Payment Type: (circle one) Cash Check _____

Check #

Make checks to the order of: City Treasurer

Signature _____ Date _____

(I have read and hereby agree to all rules and regulations regarding this application)

****Applications will not be accepted until June 19th @ 6:00 am****

****Only one application may be turned per player****

****Checks may only be for the payment of one player****

****Refunds will be processed within 8-12 weeks from date of request****

****To receive a refund player must cancel no later than 72 hours prior to the first round****